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AF 12700 #



Practitioner's Docket No. 49443 DIV (70904)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor application of: N. Iwata, et al. Confirmation: 4238  
Application No.: 09/990,428 Group No.: 2674  
Filed: November 21, 2001 Examiner: Bernatz, Kevin M.

For: MAGNETO-OPTICAL RECORDING MEDIUM HAVING A REPRODUCING LAYER COMPOSED TO CONTROL MOVEMENT OF DOMAIN WALLS THEREIN (AS AMENDED)

**RESPONSE UNDER  
37 C.F.R. 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP**

**RECEIVED**

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William J. Daley, Jr.  
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## AMENDMENT OR RESPONSE AFTER FINAL REJECTION TRANSMITTAL

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

### STATUS

2. Applicant is other than a small entity.

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	Minus	= 0	x \$18.00 =	\$0
Indep.	Minus	= 0	x \$86.00 =	\$0
First Presentation of Multiple Dependent Claim			+ \$0 =	\$0
			Total Addit. Fee	\$0

\* If the entry in Col. 1 is less than the entry in Col. 2, write AO $\equiv$  in Col. 3,

\*\* If the AHighest No. Previously Paid For $\equiv$  IN THIS SPACE (Column 2, Row 1) is less than 20, enter A20 $\equiv$ .

\*\*\* If the AHighest No. Previously Paid For $\equiv$  IN THIS SPACE (Column 2, Row 2) is less than 3, enter A3 $\equiv$ .

The AHighest No. Previously Paid For $\equiv$  (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

☒ [X] No additional fee for claims is required.

OR

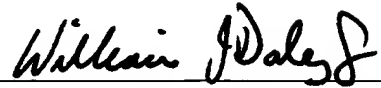
[ ] Total additional fee for claims required \$

**FEE DEFICIENCY**

5. If any additional extension and/or fee is required, charge Account No. 04-1105.  
If any additional fee for claims is required, charge Account No. 04-1105.

December 23, 2003

**DATE**



**SIGNATURE OF PRACTITIONER**

William J. Daley, Jr.

Reg. No. 35,487

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